AIMS Examination Procedure

Should be completed before entering the ratings on the AIMS form.

Either before or after completing the Examination Procedure, observe the patient unobtrusively at rest (eg, in waiting room).

The chair to be used in this examination should be a hard, firm one without arms.

1: Ask patient whether there is anything in his/her mouth (ie, gum, candy, etc) and if there is, to remove it.

2: Ask patient about the current condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother patient now?

3: Ask patient whether he/she notices any movements in mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities.

4: Have patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at entire body for movements while in this position).

5: Ask patient to sit with hands hanging unsupported. If male, between legs, if female, and wearing a dress, hanging over knees. (Observe hands and other body areas.)

6: Ask patient to open mouth. (Observe tongue at rest within mouth.) Do this twice.

7: Ask patient to protrude tongue. (Observe abnormalities of tongue movement.)

*8: Ask patient to tap thumb, with each finger, as rapidly as possible for 10-15 seconds: separately with right hand, then with left hand. (Observe facial and leg movements.)

9: Flex and extend patient's left and right arms, one at a time. (Note any rigidity and rate it.)

10: Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)

*11: Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)

*12: Have patient walk a few paces, turn, and walk back to chair. (Observe hands and gait.) Do this twice.

*Activated movements.

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Patient's Name (Please print) _____ Patient's ID information _____

Examiner's Name _____

CURRENT MEDICATIONS AND TOTAL MG/DAY

Medication #1 _____Total mg/Day _____ Medication #2 _____Total mg/Day _____

INSTRUCTIONS: COMPLETE THE EXAMINATION PROCEDURE BEFORE ENTERING THESE RATINGS.

	None, Normal	Minimal (may be extreme normal)	Mild	Moderate	Severe
Facial and Oral Movements					
1. Muscles of Facial Expression e.g., movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing	☐0	☐1	☐2	☐3	☐4
2. Lips and Perioral Area e.g., puckering, pouting, smacking	☐0	☐1	☐2	☐3	☐4
3. Jaw e.g., biting, clenching, chewing, mouth opening, lateral movement	☐0	☐1	☐2	☐3	☐4
4. Tongue Rate only increases in movement both in and out of mouth, NOT inability to sustain movement	☐0	☐1	☐2	☐3	☐4
Extremity Movements					
5. Upper (arms, wrists, hands, fingers) Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous); athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT include tremor (i.e., repetitive, regular, rhythmic).	☐0	☐1	☐2	☐3	☐4
6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	☐0	☐1	☐2	☐3	☐4
Trunk Movements					
7. Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations	☐0	☐1	☐2	☐3	☐4

SCORING:
- Score the highest amplitude or frequency in a movement on the 0-4 scale, not the average;
- Score Activated Movements the same way; do not lower those numbers as was proposed at one time;
- A POSITIVE AIMS EXAMINATION IS A SCORE OF 2 IN TWO OR MORE MOVEMENTS or a SCORE OF 3 OR 4 IN A SINGLE MOVEMENT
- Do not sum the scores: e.g., a patient who has scores 1 in four movements DOES NOT have a positive AIMS score of 4.

	None, Normal	Minimal	Mild	Moderate	Severe
Overall Severity					
8. Severity of abnormal movements	☐0	☐1	☐2	☐3	☐4
9. Incapacitation due to abnormal movements	☐0	☐1	☐2	☐3	☐4

	No Awareness	Aware, No Distress	Aware, Mild Distress	Aware, Moderate Distress	Aware, Severe Distress
10. Patient's awareness of abnormal movements (rate only patient's report)	☐0	☐1	☐2	☐3	☐4

Dental Status

11. Current problems with teeth and/or dentures?	☐Yes	☐No
12. Does patient usually wear dentures?	☐Yes	☐No

Comments: _____

Examiner's Signature _____ Next Exam Date_____